

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970

P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

RECEIVED REPORT OF EXPENDITURES, CONTRIBUTIONS **AND SUBJECT AREAS** 103 MAY 13 A10:14 (To be filed by organizations, employing organizations, others) For lobbying reporting period: STATE OF HAWAII TE ETHICS COMMISSION January 1 - last day of February March 1 - April 30 May 1 - December 31 Tom Shields Name of contact person MARKeting Resource Group, INC. Name of organization Washing tou Sq. Mailing address PART I. TOTAL EXPENDITURES The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 619.00 (PENDITURES Total Total Amount Category **Amount** Category 1. Preparation & distribution 7. Entertainment of lobbying materials 8. Food & beverages 2. Media advertising 3. Telegraph, telephone and other 9. Gifts forms of telecommunication 10. Loans 4. Postage 11. Other disbursements 5. Compensation paid to lo lobbyists \$619.00 **TOTAL EXPENDITURES** 6. Fees (other than to lobbyists) COMPENSATION PAID TO LOBBYISTS List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period. Compensation paid Address Name John Radeliffz - Radeliffze 1649 Waikahalulu, Houstolle, Howat, 96817 \$619.00 a ssociates

Page 1 of 2

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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for This section is not applicable Expenditures incurred in the total sum, or			erlod.
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	PART II. CONTRIBU	TIONS RECEIVED	
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		AREAS OF LOBBYING	
Legislative and/or adm	inistrative action in the following are	eas was supported or opposed during	he statement period:
Agriculture [Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
I hereby certify that the statement	ents made above are correc		my knowledge
(Clanature o	f authorized person)		(Date)
		4. Shields	
Name of authorized person (type or			
Title of authorized p	person President		